KANSAS

EMBALMER ENDORSEMENT LICENSURE APPLICATION

Application Fee: \$350 Rulebook: \$5
Date mailed by KSBMA:
Date received by KSBMA:
ALL FEES ARE NONREFUNDABLE

Your full name:	(First Name)	(Middle Initial)	(Last Na	me)
Address:		City:		
County:	State:	Extended zip cod	le:	
Daytime phone: ()	-	Social Security Number	·:	
E-mail address:		Cell phone: ()		
		he director of taxation, t ty numbers and addres		uired to provid
List your original state	of licensure:	(Name of State)		
		_ Date issued by state:		#
	E: embalmer, funeral director		(month, day, year)	
Type of license:		_ Date issued by state:		#
	E: embalmer, funeral director		(month, day, year)	
Expiration Date: If you are currently lice of licensure, type of licensure, type of licensure.	nsed in another state	(s) other than the above	, please list nar	ne of state, dat
				#
(State)	(Licensure Date)	(Type of License: embali	mer, funeral director	(License Number)
				#
(State)	(Licensure Date)	(Type of License: embali	mer, funeral director	(License Number)
(State)	(Licensure Date)	(Type of License: embali	mer, funeral director	# (License Number)
(State)	(Licensure Date)	(Type of License: embalı	mer funeral director	# (License Number)
, ,	d, understand and w	ill abide by the state and		,
I certify that I have bee	en licensed as an em	nbalmer in the state of _		for
at least five years an	nd have completed t	at least five consecutiv	(State II	etive practice

embalming. Please check one: Yes	No			
I passed the national board examina Service Examining Boards on	ation (NBE) writte	en by the Int	ternational Confere	nce of Funera
	(Month	Date	Year)	-
Funeral Home currently employed a	at (enter none if	not currentl	y employed at a fu	neral home):
(Funeral Home Name)	(Street Addres	s)	(City, State)	(Zip code)
If granted licensure, list the Kansas above):	funeral home to	oe employe	d at (if applicable o	r different from

PLEASE READ CAREFULLY

FAILURE TO COMPLETE WILL RESULT IN THIS APPLICATION NOT BEING PROCESSED

K.S.A. 65-1751 states that the Kansas State Board of Mortuary Arts may refuse to issue or renew a license, may revoke or suspend a license or may publicly or privately censure a license, upon finding that a licensee or applicant for a license:

- 1. has been convicted of a felony, and the board determines the licensee or applicant for a license has not been sufficiently rehabilitated to warrant the public trust, or has been convicted of any offense involving moral turpitude;
- 2. has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies;
- has had a license to practice embalming or funeral directing revoked or suspended, has been censored or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof;
- 4. has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for disciplinary action under this section, and/or
- 5. has had an adverse judgement, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section or has failed to report such matter to the board.
- 6. Are you aware of any pending charges filed or in the process of being filed against you?

As used in this section "licensee" means an embalmer's license, funeral director's license. assistant funeral director's license, establishment license, branch establishment license and crematory license. If you are applying for renewal of a license, check this line if any of the above situations have occurred within the past two (2) year licensing period. If you are applying for a license for the first time, or re-applying for a license that expired or lapsed, or are applying for reinstatement of a license, check this line if any of the above situations have ever occurred. If submitting this renewal or application prior to your individual renewal or licensure eligibility date, it remains your responsibility to notify the board should any of the above mentioned situations occur during the time frame in which this document is submitted and up until/including your renewal due date or licensure eligibility date. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Signature of licensee/applicant County Social Security Number Date REMEMBER: To include documentation (including proof of rehabilitation) if you have checked the above line. Failure to date and sign this document will result with the board being unable to complete processing of your application(s).

Fees paid to the board are not refundable (K.S.A. 65-1727, (c)).

This application, appropriate fees (a \$350 application fee) state board verification (a separate form that must be mailed **DIRECTLY** by your current state(s) of licensure to the Kansas state board) and a copy of test results from the International Conference of Funeral Service Examining Boards must reach the Kansas State Board of Mortuary Arts by the 15th of the month **PRIOR** to a scheduled board meeting. Kansas meetings are held quarterly: January, April, July and October. Filing deadlines are December 15, March 15, June 15 and September 15. Kansas rulebooks are available for \$5.00 each or can be printed directly from our website at no cost.

The Kansas State Board of Mortuary Arts 700 SW Jackson St., Suite #904 Topeka, Kansas 66603-3733 Phone: (785) 296-3980

FAX: (785) 296-0891--original hard copies must be provided

Email: boma1@ksbma.state.ks.us
Web site: www.Kansas.gov/ksbma/

Last Updated: Tuesday, January 3, 2006